

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		
O.I.P.E. CLASSIFIER	H.S.	32	5/1
FORMALITY REVIEW	Jx	866	05.11.01
RESPONSE FORMALITY REVIEW	Jx	835	07/26/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/1
2	✓	✓	5/1
3	✓	✓	5/1
4	✓	✓	5/1
5	✓	✓	5/1
6	✓	✓	5/1
7	✓	✓	5/1
8	✓	✓	5/1
9	✓	✓	5/1
10	✓	✓	5/1
11	✓	✓	5/1
12	✓	✓	5/1
13	✓	✓	5/1
14	✓	✓	5/1
15	✓	✓	5/1
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25	✓	✓	5/1
26	✓	✓	5/1
27	✓	✓	5/1
28	✓	✓	5/1
29	✓	✓	5/1
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45	✓	✓	5/1
46	✓	✓	5/1
47	✓	✓	5/1
48	✓	✓	5/1
49	✓	✓	5/1
50	✓	✓	5/1

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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25/11/01  
 200  
 20-612  
 7-26-01